



# Community Action Partnership of San Bernardino County

696 South Tippecanoe ♦ San Bernardino ♦ California 92415-0610  
(909) 723-1530 ♦ Fax (909) 723-1539 ♦ www.sbcounty.gov/capsbc

## APPLICATION FOR EMPLOYMENT

*Community Action Partnership of San Bernardino County (CAPSBC) is the designated Community Action Agency for San Bernardino County. CAPSBC shall not discriminate in its hiring and personnel procedures against any applicant for employment or any employee because of race, creed, color, national origin, sex, age, religion, disability, marital or veteran status, sexual orientation, or any other legally protected status as specified in the Equal Employment Opportunity Plan of the agency.*

*Candidates for interviews will be initially considered through an evaluation of their application. Applicants are encouraged to attach resumes and/or other information which will assist CAPSBC in the evaluation of the applicant's qualifications. Education and/or experience will be considered only as it most directly relates to the position applied for. Each applicant will be notified by mail and/or phone if he/she is or is not selected for an interview and/or employment. Following the hiring interviews, a background check will be conducted on the candidate(s) being considered for employment. After the background check is completed, a conditional offer of employment will be made to the recommended applicant for hire contingent upon applicant passing a pre-employment physical examination only to include urine drug testing and TB screening. Newly hired employees will be required to provide proof of authorization to work in the United States and ability to participate in CAPSBC's direct deposit payroll program. CAPSBC employment status is "at will" with or without benefits and employment can be terminated at any time with or without cause. Employee works at the discretion of the Appointing Authority and is ineligible for any disciplinary/grievance/layoff appeal rights.*

DATE \_\_\_\_\_ POSITION APPLIED FOR \_\_\_\_\_

GENERAL INFORMATION (Please type or print in dark ink).

**IMPORTANT:** Applications are part of the hiring process and must be filled out completely in order to be accepted for consideration. Insufficiently completed applications may be rejected.

Social Security Number: \_\_\_\_\_

NAME: LAST FIRST MIDDLE INITIAL

ADDRESS: NUMBER STREET CITY STATE ZIP CODE

PHONE NUMBER: HOME WORK MESSAGE

CAN YOU, AFTER OFFER OF EMPLOYMENT, SUBMIT VERIFICATION OF YOUR LEGAL RIGHT TO WORK IN THE UNITED STATES? (IMMIGRATION AND NATURALIZATION SERVICE (INS) REGULATIONS REQUIRE ALL EMPLOYEES HIRED AFTER 11/06/86 TO PROVIDE PROOF OF LEGAL STATUS TO BE EMPLOYED IN THE UNITED STATES). \_\_\_\_ YES \_\_\_\_ NO  
IF NOT, DO YOU HAVE THE LEGAL RIGHT TO WORK IN THE UNITED STATES? \_\_\_\_ YES \_\_\_\_ NO

**EDUCATION: Check appropriate box if you possess one of the following:**

High School Diploma       G.E.D. Certificate       California High School Proficiency Certificate  
 Circle Highest Grade Completed 1 2 3 4 5 6 7 8 9 10 11 12 College 1 2 3 4 Post Graduate \_\_\_ Years

Name of High School	Address of High School	Attendance From	Date To	Certificate / Diploma
Name and Address of College, University, Vocational School or Institute	Course of Study or Major	Attendance From	Date To	Degrees, Certificates, Units, Hours if Applicable
A.				
B.				
C.				
D.				

Are you now, or have you previously been an employee of this agency?    \_\_\_ Yes    \_\_\_ No

If so, please indicate. \_\_\_\_\_

Do you have any relations by blood or marriage employed by the Community Action Partnership of San Bernardino County? If Yes, give name(s) relation and departments.

Have you been discharged from a position or terminated during a probationary period for unsatisfactory service, or have you ever resigned upon request to avoid discharge? Give name and address of employer, date of discharge or forced resignation and the reason below.

DO YOU POSSESS A VALID CALIFORNIA DRIVER LICENSE?    \_\_\_ YES    \_\_\_ NO

STATE: \_\_\_\_\_ TYPE OF LICENSE: \_\_\_\_\_ NO.: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

Are you currently employed?    \_\_\_ Yes    \_\_\_ No

If so, may we contact your employer?    \_\_\_ Yes    \_\_\_ No

WHAT MACHINES DO YOU PROFICIENTLY OPERATE?    (office, commercial, equipment)

Special Skills: Typing \_\_\_ wpm    Shorthand \_\_\_ wpm    Dictaphone/Transcription \_\_\_ Yes \_\_\_ No

MS Word \_\_\_ Yes \_\_\_ No    MS Excel \_\_\_ Yes \_\_\_ No    MS PowerPoint \_\_\_ Yes \_\_\_ No    Windows 98 \_\_\_ Yes \_\_\_ No

Windows 2K \_\_\_ Yes \_\_\_ No    Windows XP \_\_\_ Yes \_\_\_ No    MS Outlook \_\_\_ Yes \_\_\_ No    Other \_\_\_\_\_

Are you fluent in any language in addition to English? If so, please specify your skills. (Complete only when required on job announcement).

Language	Understand	Speak	Read	Write
_____	_____	_____	_____	_____

**EMPLOYMENT HISTORY**

1. Give complete information for jobs held during the past 6 years.      4. Attach additional sheets if more space is needed.  
 2. Show your Present or Most Recent job first.                              5. If you were employed under another name, please indicate in  
 3. Verifiable voluntary experience may be considered if job-related.      "REASON FOR LEAVING" section.  
**RESUME MAY BE ATTACHED BUT WILL NOT BE ACCEPTABLE AS A SUBSTITUTE FOR COMPLETING THIS SECTION.**

Name of Employer: _____	
Address: _____	
Telephone Number: _____	
<b>DATES EMPLOYED</b>	<b>JOB TITLE AND DESCRIPTION OF DUTIES</b>
Month      Year      Month      Year From:     /         To:         /	
Total Months             Hours Per Week	
Supervisor:	
Salary: Starting \$ ____ mo. Ending \$ ____ mo.	<b>REASON FOR LEAVING</b>
Name of Employer: _____	
Address: _____	
Telephone Number: _____	
<b>DATES EMPLOYED</b>	<b>JOB TITLE AND DESCRIPTION OF DUTIES</b>
Month      Year      Month      Year From:     /         To:         /	
Total Months             Hours Per Week	
Supervisor:	
Salary: Starting \$ ____ mo. Ending \$ ____ mo.	<b>REASON FOR LEAVING</b>
Name of Employer : _____	
Address: _____	
Telephone Number: _____	
<b>DATES EMPLOYED</b>	<b>JOB TITLE AND DESCRIPTION OF DUTIES</b>
Month      Year      Month      Year From:     /         To:         /	
Total Months             Hours Per Week	
Supervisor:	
Salary: Starting \$ ____ mo. Ending \$ ____ mo.	<b>REASON FOR LEAVING</b>
Total Months             Hours Per Week	
Supervisor:	

**EMPLOYMENT HISTORY (CONT'D)**

Name of Employer: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Telephone Number: \_\_\_\_\_

<b>DATES EMPLOYED</b>	<b>JOB TITLE AND DESCRIPTION OF DUTIES</b>
Month    Year            Month    Year From:    /                To:        /	
Total Months                 Hours Per Week	
Supervisor:	
Salary: Starting \$ ____ mo. Ending \$ ____ mo.	<b>REASON FOR LEAVING</b>

Name of Employer: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Telephone Number: \_\_\_\_\_

<b>DATES EMPLOYED</b>	<b>JOB TITLE AND DESCRIPTION OF DUTIES</b>
Month    Year            Month    Year From:    /                To:        /	
Total Months                 Hours Per Week	
Supervisor:	
Salary: Starting \$ ____ mo. Ending \$ ____ mo.	<b>REASON FOR LEAVING</b>

Name of Employer: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Telephone Number: \_\_\_\_\_

<b>DATES EMPLOYED</b>	<b>JOB TITLE AND DESCRIPTION OF DUTIES</b>
Month    Year            Month    Year From:    /                To:        /	
Total Months                 Hours Per Week	
Supervisor:	
Salary: Starting \$ ____ mo. Ending \$ ____ mo.	<b>REASON FOR LEAVING</b>

**Would you object to the following:**

Traveling as required by this position?  Yes  No If Yes, explain: \_\_\_\_\_

Working over regular working hours when required?  Yes  No. If Yes, explain: \_\_\_\_\_

Have you ever been convicted of any offense by any civilian or military court? If Yes, please note below. You may omit minor traffic violations for which the only penalty imposed was a fine. A criminal record is not necessarily a bar to employment. Each situation is given individual consideration, based on job relatedness.

If Yes, please indicate date, charge, action taken and present status of each conviction. [This section must be completed] .

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Will you require any accommodation due to a disability while competing in the selection process?  
\_\_ Yes \_\_ No. If Yes, please describe. \_\_\_\_\_

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**REFERENCES:**

List at least three references whom you have known for at least three years. Do not include relatives.

NAME	ADDRESS/PHONE NUMBER	OCCUPATION

In case of Emergency, please contact:

NAME \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

ADDRESS \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

I HEREBY GIVE MY CONSENT TO HAVE CAPSBC HUMAN RESOURCES DIVISION VERIFY MY PAST EMPLOYMENT.

SIGNATURE OF APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_

**AN EQUAL EMPLOYMENT OPPORTUNITY AND ADA COMPLIANT EMPLOYER**

**CERTIFICATION OF SIGNATURE STATEMENT**

*I hereby certify that all statements on this application are true and complete. I further agree that the information and materials submitted with the application become the property of Community Action Partnership of San Bernardino County. In the event of employment, I understand that false or misleading information given in my application or interview(s) may be considered cause for immediate termination. I further agree that the employer shall not be liable in any respect if my employment is terminated because of falsity of statements, answers or omissions made by me. I also authorize the companies, schools or persons named above to give any information relevant to my bona fide employment qualifications and hereby release the aforementioned from all liability for any damages for issuing this information. A photostatic copy of this authorization will be considered to be as valid as the original.*

*Application will not be considered unless signed.*

**SIGNATURE OF APPLICANT** \_\_\_\_\_ **DATE** \_\_\_\_\_

Position Applied For: \_\_\_\_\_

Date: \_\_\_\_\_

**CAPSBC IS ASKING APPLICANTS TO COMPLETE THIS FORM IN ORDER TO COMPLY WITH UNITED STATES GOVERNMENT EQUAL OPPORTUNITY REQUIREMENTS. THIS INFORMATION IS SOLICITED ON A VOLUNTARY BASIS AND HAS NO BEARING ON YOUR APPLICATION, ELIGIBILITY OR SELECTION. INFORMATION THAT YOU PROVIDE WILL BE KEPT CONFIDENTIAL AND WILL BE USED ONLY IN ACCORDANCE WITH STATE AND FEDERAL REGULATIONS.**

Decline to complete [ ]

**PLEASE COMPLETE:**

**ETHNIC IDENTIFICATION (See below for explanation)**

- 1. [ ] American Indian/Alaskan Native
- 2. [ ] Asian/Pacific Islander
- 3. [ ] Black
- 4. [ ] Filipino
- 5. [ ] Hispanic
- 6. [ ] White

**SEX**

- 1. [ ] Female
- 2. [ ] Male

**DISABILITY (See below for explanation)**

Please check if appropriate:

- 1. [ ] Hearing
- 2. [ ] Visual
- 3. [ ] Speech
- 4. [ ] Physical
- 5. [ ] Developmental
- 6. [ ] Other (Specify)

**AGE GROUP**

- 1. [ ] Under 21
- 2. [ ] 21-29
- 3. [ ] 30-39
- 4. [ ] 40-49
- 5. [ ] 50-59
- 6. [ ] 50 or over

**VETERAN STATUS**

Are you a Vietnam Era Veteran?

- 1. [ ] Yes
- 2. [ ] No

**SOURCE**

How did you learn about this job opening?

\_\_\_\_\_

**DEFINITION**

**AMERICAN INDIAN OR ALASKAN NATIVE:** All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal identity.

**ASIAN OR PACIFIC ISLANDER:** All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent or the Pacific Islands.

**BLACK:** All persons having origins in any of the Black racial groups of Africa, not of Hispanic origin.

**FILIPINO:** All persons having origins in any of the Philippine Islands.

**HISPANIC:** All persons of Mexican, Puerto Rican, Central or Southern American, or other Spanish culture or origin, regardless of race.

**WHITE:** All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East, not of Hispanic origin.

**DISABILITY**

**VISUAL:** Persons who are legally blind in one or both eyes and whose visual acuity even after correction (eye glasses or contact lenses) is 20/200 visual acuity or restricted in the visual field to 20 degrees.

**HEARING:** Persons with total deafness or inability to hear a normal conversation and/or use a telephone without the aid of an assistive device.

**SPEECH** Persons with speech impairments when speech is unintelligible in normal conversations.

**PHYSICAL:** Persons with orthopedic impairments, amputations of functional limitations if there is: (a) loss of significant impairment of one or both major upper extremities; (b) loss or significant impairment of one or both major lower extremities; and (c) impairment of the trunk, back or spine when there is a medically diagnosed disability which substantially limits one or more major life activities.

**DEVELOPMENTAL:** Persons who meet the legal definition or have been identified as developmentally disabled. This includes autism, cerebral palsy, epilepsy, mental retardation, and other neurological impairments.